

DENTAL HYGIENE LICENSURE BY ENDORSEMENT INFORMATION AND INSTRUCTION SHEET

Before completing and submitting your application to our office, please read all materials and information included.

CONTENTS OF APPLICATION PACKET

Applicants must download the following documents and information from the website at www.pla.in.gov:

Application For License to Practice Dentistry or Dental Hygiene

Certificate of Completion Form

Verification of Licensure Form

Information and Instruction Sheet

Statutes and Administrative Rules which pertain to the practice of dentistry and dental hygiene

If you would prefer to have a copy of the statute and rules sent to you, please submit your request in writing to the Board with a fee of \$4.50 to the address listed below.

AGENCY ADDRESS/PHONE NUMBER/FAX/EMAIL/WEBSITE

Indiana Professional Licensing Agency

Attn: Dental Board

402 West Washington Street, Room W072

Indianapolis, Indiana 46204

Staff Phone: (317) 234-2054

FAX #: (317) 233-4236

Website: www.pla.IN.gov

Staff Email: pla8@pla.IN.gov

LAW EXAMINATION

All applicants for dental hygiene licensure are required to pass a law examination. No applicant is exempt from this requirement. Applicants will be notified and sent a schedule of dates in which to take the law examination after approval by the Board. All applicants will be examined on the statutes and rules of Indiana related to the practice of dentistry and dental hygiene, universal precautions, and infectious wastes. This is a 50 question true-false and multiple-choice examination. Passing criteria is 75%.

The examination is based on the following:

IC 25-13 Dental Hygiene Law

IC 25-14 Dental Law

IC 25-1 Professional Licensing Agency General Provisions

Title 828 IAC Dental and Dental Hygiene Rules

Title 410 IAC 1-3 and 1-4 Infectious Waste and Universal Precautions

THE FAIR INFORMATION PRACTICE ACT

In compliance with IC 4-1-6, this agency is notifying you that you must provide the requested information, or your application will not be processed. You have the right to challenge, correct, or explain information maintained by this agency. The information you provide will become public record. Your examination scores and grade transcripts are confidential except in circumstances where their release is required by law, in which case you will be notified.

MANDATORY DISCLOSURE OF U.S. SOCIAL SECURITY NUMBER

Pursuant to Section 7 of the Privacy Act of 1974, you are hereby given notice that disclosure of your U.S. Social Security number on your application is mandatory for the purpose of complying with IC 25-1-5-8 and IC 4-1-8-1 which provide that the Indiana Department of Revenue may obtain Social Security numbers from the Professional Licensing Agency for tax enforcement purposes. In addition, disclosing such number is mandatory in order for the licensing board or committee to comply with the requirements of the federal

National Practitioner Data Bank and the Healthcare Integrity and Protection Data Bank 42 U.S.C. §1320(a)-7e(b), 5 USC §552a, 45 CFR Part 60.1, and 45 CFR Part 61.

TESTING ACCOMMODATION REQUEST

If you have a disability, which may require some accommodation in taking the law examination, please request a **Testing Accommodation Request Form** from this office by calling (317) 234-2054. If an accommodation is not requested prior to the jurisprudence examination, we cannot guarantee the availability of the accommodation on-site.

ABANDON APPLICATIONS

If an applicant does not submit all requirements within one (1) year after the date on which the application is filed, the application for licensure is abandoned without any action of the Board. An application submitted subsequent to an abandoned application shall be treated as a new application.

LICENSE EXPIRATION AND CONTINUING EDUCATION

All dental hygiene licenses expire on March 1st of even numbered years. Practitioners are required to have completed fourteen (14) hours of continuing education per renewal period. You are not required to complete continuing education within the renewal period of which your license is issued.

Information regarding the continuing education requirement is available at the Board's website at www.pla.IN.gov. Or you may contact our office by calling (317) 234-2054 or by email at pla8@pla.IN.gov.

DENTAL HYGIENE LICENSURE BY ENDORSEMENT INSTRUCTION SHEET
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All applicants must submit an application and supporting documentation to:

Indiana Professional Licensing Agency
ATTN: Indiana State Board of Dentistry
402 West Washington Street, Room W072
Indianapolis, Indiana 46204

APPLICATION

Complete, typewritten (or legibly printed) application.

AFFIDAVIT

If you answer "yes" to any of the seven (7) questions on the application, the applicant must explain fully in a signed and notarized affidavit, meaning an explanation or statement of facts and or events, including all related details. Describe the event including location, date and disposition. If you have a malpractice action, provide name(s) of plaintiff(s). Letters from attorneys or insurance companies are not accepted in lieu of your statement; however they may accompany your affidavit.

If the applicant has been convicted of a criminal offense, excluding minor traffic violations, the applicant shall submit a notarized statement detailing all criminal offenses, excluding minor traffic violations, for which the applicant has been convicted. The notarized statement must include the following:

- (1) The offense of which the applicant was convicted.
- (2) The court in which the applicant was convicted.
- (3) The cause number under which the applicant was convicted.
- (4) The penalty imposed by the court.

FEE INFORMATION

Applicants must submit a one hundred dollar (\$100.00) application fee, made payable to the Indiana Professional Licensing Agency. Checks or Money orders are acceptable.

ALL FEES ARE NON-REFUNDABLE OR NON-TRANSFERABLE

PHOTOGRAPHS

Applicants must submit two (2) acceptable photographs, taken within eight (8) weeks before filing of the application. Please sign each photo at the bottom. The photograph should be approximately 2 x 3 inches, head and shoulders view of the applicant only, black and white or color, of professional quality. No "Polaroid" type photographs, laminated photographs, laminated identification cards or group photographs will be accepted.

OFFICIAL DIPLOMA OR A CERTIFICATE OF COMPLETION

Applicants must submit one of the following documents:

1. A notarized copy of their official diploma.
2. A Certificate of Completion signed by the dean of the applicant's professional school and registrar of the university or college.

OFFICIAL TRANSCRIPTS

Applicants must submit official transcript sent directly from the school certifying the date the degree was conferred.

NATIONAL BOARD DENTAL HYGIENE EXAMINATION SCORE REPORT

Applicants must submit an official score report from the National Board Dental Examinations sent directly from the National Boards showing passing scores in all sections of the examination. Contact the National Board for information on how to obtain your score report and fee information at:

Joint Commission on National Dental Examinations
American Dental Association
Department of Testing
National Board Score Reports
211 East Chicago Avenue, Suite 600
Chicago, IL 60611
800-232-1694
Telephone: (800) 232-1694 or (312) 440-2811
Website: www.ada.org

CLINICAL EXAMINATION REQUIREMENT

To be eligible for licensure by endorsement, an applicant shall submit proof of passing all parts of one (1) of the following examinations:

1. **NORTH EAST REGIONAL BOARD OF REGIONAL DENTAL EXAMINERS (NERB)**
8484 Georgia Avenue, Suite 900
Silver Spring, Maryland 20910
Telephone: (301) 563-3300
FAX: (301) 563-3307
Website: www.nerb.org
2. **CENTRAL REGIONAL DENTAL TESTING SERVICE EXAMINATION (CRDTS)**
1725 SW Gage Blvd.
Topeka, Kansas 66604-3333
Telephone: (785) 273-0380
FAX: (785) 273-5015
Website: www.crdts.org
Email: info@crdts.org
3. **SOUTHERN REGIONAL TESTING AGENCY EXAMINATION (SRTA)**
4698 Honeygrove Road, Suite 2
Virginia Beach, Virginia 23455-5934
Telephone: (757) 318-9802
FAX: (757) 318-9085
Website: www.srta.org
Email: help@srta.org
4. **WESTERN REGIONAL EXAMINING BOARD EXAMINATION (WREB)**
9201 North 25th Avenue, Suite 185
Phoenix, Arizona 85021
Telephone: (602) 944-3315
FAX: (602) 371-8131
Website: www.wreb.org
Email: dentalinfo@wreb.org
5. **STATE OR CANADIAN PROVINCIAL CLINICAL LICENSING EXAMINATION**
The applicant must have satisfactorily completed a state or Canadian province clinical licensing examination having and maintaining a standard of examination for licensure and laws regulating the practice of dentistry within that state or province that is substantially equivalent to the examination and licensing requirements of Indiana. The state or Canadian province must provide the clinical examination subject and scores to the Board with the verification of licensure.

BASIC LIFE SUPPORT (BLS) OR ADVANCED CARDIAC LIFE SUPPORT (ACLS) CARD

Applicants are required to submit a copy of your current BLS and/or ACLS certification card.

THREE (3) REFERENCE LETTERS

Applicants are required to submit reference letters from three (3) practicing dentists, on there official letterhead/stationary, verifying the applicant's active, moral, and ethical practice of dental

hygiene. The statements must be originals and have been written not more than **eight (8) weeks** before the submission of the application.

CONTINUING EDUCATION – FOURTEEN (14) HOURS

Applicants are required to submit proof of fourteen (14) hours of continuing dental hygiene education taken in the previous two (2) years. No more than two (2) hours of training in basic life support shall count toward this requirement. Copies of certificates, letters from programs and/or transcripts are required.

PROOF OF PRACTICE

An applicant for licensure by endorsement must have engaged in the satisfactory practice of dental hygiene for at least two (2) years out of the five (5) years preceding the date of application.

“Satisfactory practice of dental hygiene” means that the applicant has actively engaged in practicing dental hygiene for at least an average of twenty (20) hours per week for two (2) years. A maximum of one (1) year of the two (2) year requirement may have been in post associate degree-training in dental hygiene in a program approved by the board.

Applicants are required to state on Page 2 of the Licensure application the Name and Address of Employer/Self-Employment, Responsibilities, Hours worked per week and dates of employment.

VERIFICATION OF STATE LICENSURE

Applicants must provide a “Verification of State Licensure” from where the applicant is now, or has been, licensed to practice any health profession in another state or Canadian province of their licensure status. The information must be sent by the state or province that issued the license directly to the Board. The top portion of this form should be completed by the applicant and sent to the appropriate state licensing board for their submission to the Indiana Professional Licensing Agency. Other jurisdictions may charge a fee to verify licensure; you may wish to contact them prior to your request for verification.

NATIONAL PRACTITIONER DATA BANK AND HEALTHCARE INTEGRITY AND PROTECTION DATA BANK

Applicants who are now or have been licensed to practice dental hygiene in another state or jurisdiction must submit a report from the (1) National Practitioner Data Bank (NPDB) and (2) Healthcare Integrity and Protection Data Bank (HIPDB).

Please contact the NPDB/HIPDB to request a self-query report. All self-query report applications must be requested electronically through the NPDB-HIPDB Web site listed below. A fact sheet on self-querying is located on the website. Please review this helpful information on how to obtain the reports. An \$8.00 fee will be assessed for each data bank report for a total of \$16.00. All self-query fees must be paid by credit card (VISA, MasterCard, Discover, or American Express).

Once you receive your reports from the Data Bank, please forward the reports to the Professional Licensing Agency.

National Practitioner Data Bank
Healthcare Integrity and Protection Data Bank
P.O. Box 10832
Chantilly, Virginia 20153-0832
Website: www.npdb-hipdb.com
Customer Service Center: 1-800-767-6732

NAME CHANGE

An official affidavit indicating any legal name change; a notarized copy of a marriage certificate or divorce decree is acceptable if your name differs from that on any of your documents.